

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Romy Syllas - 22R1594

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

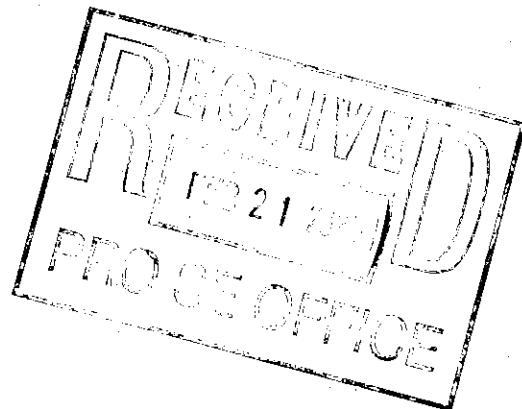
John Doe #1, John Doe #2, John Doe #3
John Doe #4 AND John Doe #5

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: Yes No
(check one)



I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Romy Syllas
ID # 22R1594
Current Institution Elmira Correctional Facility
Address 1879 Davis St
Elmira, New York 14902

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name JOHN, Doe 1 Shield # _____Where Currently Employed DOCCS/CERTAddress DOCC Central Office Dept of Corrections, STATE OFFICE
CAMPUS, BLDG #4, 1220 WASHINGTON AVE, ALBANY NY 12226

Defendant No. 2

Name JOHN, Doe 2 Shield # _____Where Currently Employed DOCCS/CERTAddress See Above

Defendant No. 3

Name JOHN, Doe 3 Shield # _____Where Currently Employed DOCCS/CERTAddress See Above

Defendant No. 4

Name JOHN, Doe 4 Shield # _____Where Currently Employed DOCCS/CERTAddress See Above

Defendant No. 5

Name JOHN, Doe 5 Shield # _____Where Currently Employed DOCCS/CERTAddress See Above

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? GREEN HAVEN CF

B. Where in the institution did the events giving rise to your claim(s) occur? See Attached
Complaint

C. What date and approximate time did the events giving rise to your claim(s) occur? See Attached Complaint

See Attached Exhibit A

D. Facts: _____

What happened to you?

Who did what?

Was anyone else involved?

Who else was at the scene?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. My neck was ~~was~~ in pain, my lower back near my spine, my head ~~was~~ in pain, Emotional Distress, Flash backs And Chronic pain, PTSD, And Im Having more Frequent Migraines In my Head, they OFFER me Pill's for my migraine,

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes No

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____ *N/A*

Defendants _____ *N/A*

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition _____

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Greenhaven Cf State Prison

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes No Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes No Do Not Know

If YES, which claim(s)? They claim you cannot grieve officers

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

in Greenhaven

1. Which claim(s) in this complaint did you grieve? Excessive Force, failure to protect, Supervisory Liability

2. What was the result, if any? The grievance failed as they say you can't grieve an officer

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

N/A

F. If you did not file a grievance:

_____ why you did not file a grievance state them here:

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

1) Compensation Damages in \$200,000.00 Per defendant
Total - \$1,000,000.00

2) Punitive Damages in \$200,000.00 Per defendant
Total - \$1,000,000.00

Complete Total Amount is \$2,000,000.00

For Violating PLAINTIFFS Civil Rights Against Plaintiff for and of
The 8th AND 14th Amendment, Respectively - I.E. CRUEL AND UNUSUAL
Punishment and due process, in Connection with 1) Excessive Force
2) Failure to protect and 3) Supervisory Liability.

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) N/A

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11 day of Feb, 2024

✓ Signature of Plaintiff

Inmate Number

Institution Address

Romy Syllas

22R1594

ELMIRA CF P.O. BOX 500

1879 DAVIS ST.

ELMIRA N.Y. 14902

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 22 day of JANUARY, 2024 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

✓ Signature of Plaintiff:

Romy Syllas

Legend For Complaint.

Violations of the 8th Amendment For Cruel AND Unusual Punishment AND The 14th Amendment AGAINST AND FOR NOT FOLLOWING DUE PROCESS.

IN Connection with -

- 1) Excessive Force
- 2) Failure to Protect
- 3) Supervisory Liability.

Legend for Exhibits

- A - Complaint
- B - Misbehavior Report
- C - OFFICIAL FOIL REQUEST FORM
- D - The ACTUAL FOIL REQUEST
- E - FILED PROOF

Exhibit A

A

Remy Sylus
D# 2221594

Incident Date:

October 7, 2023

(Continue on ANNEXED Page 1) →

I Was being Woke up by other inmates with loud Noise
 And ~~the~~ there comes the Cert team operation they Arrive to my
 cell Without Ask for my Id or my Facial Razors At My cell B-Block
 b Company Cell #382 I Had my candle lit I put it out the Cert Officer
 came in my cell While Rushing in my cell they Forcefully kick me then
 punch me to my face then kick me in my back While I was on the
 ground by my small locker that was located near my Rest Room Area
 of my cell And Had A laceration on near my upper cheek bone of
 my body then when they keep screaming stop Resisting while I was
 in Flexy CUFFS I Wasnt Resisting I Was following Procedures As
 Facility Rules, they told me to ^{Report No Injury to} medical when I Seen medical
 they Said they was going to beat me up more if I told on them
 so I Refuse I Said to the nurse No Injuries, when they were
 taking me out my cell I Had on my white sweatpants the Officers
 were screaming take it off And they pull it off of me Forcefully
 in my gallery on b6 Company And they Had my hands twisted up with
 their Arms wrap Around it they the (Cert operation) strip me I was
 in my boxers, T-Shirt, Sock Walking through the weight yard on
 b-block they walk me through A-block to get to the medical Area
 they took me to A Non-Camera Room they Said if I move they will
 Slam me on the face (the Cert operation) Sergeant Said that to me
 then I was being escorted to ^{the} Box Where they house us for Disciplinary
 Pickets when I get there I Ask the L.O. what's in the Box what is
 my charge they Said weapon then they didn't want to tell me anything

So I Ask Again they didn't tell me nothing they stayed out I Just Comply with the Procedures In the Box they Put me in my cell for less then 24 hours they sent me on A Saturday (Pk) draft to Upstate Shu 200 which the Box is called When you Go to A RRU Program that we Recieve in the Box Shu 200 the Facility Green Haven left my Personal Property in my cell for weeks Approximately A month my Radio, my Clothes were damaged And destroyed when I Recieve it 5 weeks later ~~115~~ Broken Radio my wife payed her hard earn money they destroy my Property, And OFFICER Brutality Against Inmates I was beat up by them I Couldnt feel my neck, Lower Back, my Head Im Feeling Emotional Distress, Flashbacks I get nervous Around them At points OF day because I feel they going to do it Again to me, And Im Recieving Chronic Pain, I Am Seeing A Doctor I got my X-Ray done At Elmira, And they Prescribe me pills for my Pain in my back, my neck, my ~~head~~, this After they gave me ~~14~~ days in the Box And they Charge me with Assault on Staff, Interference with Staff, ^(100,11) ^(107,10) ^(104,11) ^(115,10) violent conduct, search & frisk, ^(104,13) Create A disturbance, Smoking, Direct order I was being charge At upstate Box the incident happen on the 7 day OF October, 2023 And I Recieve my ticket 11th day of october, 2023 At 10:34 Am OFFICER L.O. King gave me the copy At Upstate Correctional Facility, my ticket got Adjudicated because I ~~ask~~ Ask for Body Cam Footage, the ^{B-Block} weight yard footage they deny me my footage of that And they gave me the footage of the B-Block 6 Company ~~near~~ my cell Area B6-382 footage, they escorting me forcefully I almost fell on my Sweatpants And Slip And Fall on my Head Almost, the way they handle me that's not on the procedures if I ¹⁰ first use no type of force towards the OFFICERS that's in charge of the situation. Im getting Long term Migraines,

#3

that come to me constantly, I be nervous Around them A lot And the
 OFFICERS comes from outside And they bring they Personal problems ON
 US In that Facility Green Haven, We were lockdown From ~~the~~ October
 4, 2023 they Search my block ~~6~~ ¹⁰ of October they served the bottom,
 then the 7th day of October they Search ~~the~~ the upper Area OF the block-b
 6 Company And on the other Side of my cell they were beating on A Elderly
 Male Inmate on B3-Company I Hear the fussle from my cell from they side
 my cell is three Cells from the Back near the Catwalk gate. these OFFICERS
 don't have NO Rights to beat on me. If I didn't do Any thing violent, they
 Charge me with the charges And they found me not Guilty of Not Smoking
 In ~~Green Haven~~ ^{upstate} And ~~the~~ found me guilty of the other charges that they have
 there my Hearing was done IN upstate corr. facility, So I Have to suffer
 by me going to the Box ~~the~~ merit Hearing they Postpone my date to
 3 months And I miss it cause OF Brutality, And False document Charges
 they want to PIN ON me. I call it make up charges So it can fit what the
 Charges Are this is what they do to Inmates. the Courts IN Stormville
 knows they don't want NO Charges of Assault on Staff, weapons, And drugz
 Cewse the OFFICERS Are the one ^{in the Facility} ~~Bringing If~~ ~~the~~ ~~the~~
~~the~~ And the East Side And West Side messhall have so much Rodents IN the
 Dish washing Machine the inmate have to Sanitize our Utensil And Plate FOR
 OUR Chow meal And they Are Running through the pipe lines to get else where
 In the Building, Commissary, the Box is INFESTED with Sewer Rats
 And they travel thru cells to eat At Night, the water IN that county
 where stormville the pipe line is FULL OF Rust Thats the Reason why
 I don't Drink NO Fauet water At my cell location my water turn
 Brown one day I Said never Again will I Drink this water.

#4

they dont provide us with free water that's ~~the~~ At commissary they needed to provide us with, I get stomach aches drinking A lot of that water when I drink it, I feel like I'm full drinking A lot of the sink water, they give us free water And chips one time cause of our sports tournament that we have each summer. And that was it, After that we had to buy it from commissary, that should be free the Inspector comes there and say theres Nothing wrong on the news broadcast it said in this County of Stormville water is toxic ^{to} Pope lines. And the Radio Stations I turn on like Iolo wins in the Am section I listen too for news so I know theres No lie to my news facts. As days go on there are more inmates coming to the Box Shu Zoo in upstate Box Shu Facility box from green haven for the same charges As I Received some A lot of time and some shorter time. Now I got Sanctions that make me can't contact my family, my spouse, my kids, my mom. I Am on lost of Recreation I Am on loss of Commissary And lost of Package, I can't eat or have clothes sent to me At All Until May 2024 this ticket is depriving me from social distress, My Phone is suspended the Hall law says when you complete RRU, you are to have your Privileges Restored on your arrival to the facility My Privileges are not Restored by the Superintendent, I wrote my Grievance I wrote the Commissioner for Doc's, OS I contacted thru my wife, My wife visits me that's how I contact her, the kiosk when I was in green haven they would let me on it And the next few days they don't put me on for Another ~~weeks~~, How do they deprive me from talking to my family ~~and~~ It was an emergency that I needed to talk to my family And tell them what happen to me I could not thank god I have My wife to look for me thru my struggles when she don't hear from me she freaks out calling my counselor like A family Person would do. Flash backs, Chronic pain, Emotional distress, PTSD

#5

nd
ON, My ticket they gave me 60 days in the box And Recommended loss of good time
120 days loss of that so that ticket mess up my date to go to society
if push my date back I was suppose to see them the Mor of Committee And
they Postpone me cause I was in transit of going to the box I Appeal my ticket
to the upstate CORR Facility to send to Albany to the Commissioner for
A Response I did it in timely manner before my 72 hour was up I
have to take my programs again Anger management for something I didn't
cause. the procedure was for the officers to come to my cell ask for a
razor and too id me as the person in the cell then search is being
made none of them follow the directive and the directive don't say beat
on a inmate for co-operating with the ~~procedures~~ procedures they provide
me with, I'm damaged with PTSD, Flashbacks, Chronic Pains, Emotional
Distress, Migraines constantly from my head from this incident 7th day
of October, 2023, Medical I report to them, OMH I report to them
while I was in upstate^{Shw 200} they would read my sick call and they would walk
away and not give me no treatment at my cell we keep lock in the box they
are to appear at our doors with our lights on they come don't read what's
on the paper and give us another type of answer that won't help. I wrote
a few sick calls when I got there no body came and when they move
me to a 2 men cell I was by myself first when I was moved I seen them
4 times about if they would walk away from treating me they don't even stop
at my cell after that medical in upstate CORR Facility Shw 200 I was
in 8 building I was in A-block the flats, then I was move upstairs
to the higher level B-Block - 44 Cell Bottom Bunk it was on my paper
on the door with my inmate picture they can see our mug shots on the
door. And our cell location it's in there paper work from mon-fri

When I came out the Box they put me on transit to go to Green Haven for few night stay they deprive me from taking a shower in A-block Reception they didn't let me go to Recreation there master sheet says I can't have nothing the officer mark me down for the shower I didn't receive one on 23rd day of November we are entitled to a shower once every few days there is front half and back half of cells with inmates the officers sit around and joke around and treat us like we are cage animals I am a human being just as them I know there's a lot of incarcerated individuals to attend to we ask them to attend to our need no help they give the forget you face and go on with they day and forget of what the incarcerated individual said to them prior we call for the sergeant no help so we do it other ways to get the sergeant's attention I'm feeling suicidal that's what gets a sergeant's attention to come to our cells and we speak to them ~~that~~ that don't solves the issue cause that officer is in control of that block just because we call a sergeant to the block they do the same they don't attend to us for that apparent reason I reported to Albany my issues and I still had problems there March 2023 all the way to Oct 7 2023 I got charged with assault on staff in June ²⁰²³ they dismiss my disciplinary for that ticket and now they put these charges on me again they use the cert operation to draft me and come up with these charges on Oct 7 2023 I was suppose to get my ticket in 24 hour why am I getting my ticket 4 days later, an incarcerated individual are to ask for a extension ^{without} ~~with~~ that individual consent my electronic my property are damage I feel nervous around corr officer cause I'm afraid they will do it again I'm having chronic pain, PTSD, emotional distress, socializing deprives me from contacting my family, getting packages and commissary I only can eat chow food, fellow individuals hook me up with soups certain times

57

Nobody wants to go thru that doccs took Away our packages being Sent From Home Food package And now they Replace them with vendors Catalogs that Are expensive for our Family to go through the struggle with us If they Are A middle class or lower class to provide from home. Every ticket they charge me with comes with A 5 Dollar fee towards my Sanction ticket. So each ticket Adds up And we lose hard earn money in our Accounts. the civilian that was there before she was stealing money from Inmate Accounts And we found Justice Around Her wrong doing they Incarcerated the lady For that my money was on hold over there \$390 was in my Account for long didn't Recieve Nothing till this day so I Am being deprived still when its commissary deny I Don't see No commissary Sheet they Just walk pass my cell with All the other individuals commissary Sheets.

Exhibit B

Oct 31
NDN 29-OSIB
Hearing Date 10-13-23

ADJOURNED - Videoz

In Person III

FORM 2171 A (11/21)

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

Side 1

Green Haven

Correctional Facility

INCARCERATED INDIVIDUAL MISBEHAVIOR REPORT • INFORME DE MAL COMPORTAMIENTO DEL INDIVIDUO ENCARCELADO

1. NAME OF INCARCERATED INDIVIDUAL (Last, First) • NOMBRE DEL INDIVIDUO ENCARCELADO (Apellido, Nombre)	DIN	HOUSING LOCATION • CELDA
Syllas, R	22 R 1594	B6-382
2. LOCATION OF INCIDENT • LUGAR DEL INCIDENTE	INCIDENT DATE • FECHA	INCIDENT TIME • HORA
B6-382	10/7/23	Approx 8:25 AM

3. RULE VIOLATION(S) • VIOLACIÓN (ES)

106. 10 - Direct Order 104. 13 - Create Disturbance 122. 10 - Smoking

100. 11 - Assault on Staff 107. 10 - Interference

104. 11 - Violent Conduct 115. 10 - Search/Frisk

4. DESCRIPTION OF INCIDENT • DESCRIPCIÓN DEL INCIDENTE

On the above date and approximate time while at Green Haven Correctional Facility for a CERT operation, I approached B6-382. Once at the cell, I observed IIE Syllas 22R1594 light what appeared to be a cigarette. I gave the several direct orders to extinguish the lit cigarette. The IIE refused. I then gave the IIE several orders to strip down to his boxers as was the facility Search policy. The IIE refused. I continued to give the IIE several orders to turn and face the rear of the cell. As the cell door opened the IIE took an aggressive strike with fists clinched. I gave the IIE another order to face the rear of the cell. The IIE then violently swung his fist at me striking me in the left side of my face with a closed right fist. A use of force ensued, Area Supervisor Notified. I was then escorted off unit to medical.

REPORT DATE • FECHA	REPORTED BY • REPORTADO POR	SIGNATURE • FIRMA	TITLE • TÍTULO
10/7/23	B. Walsh	B. Walsh	10/7/23

5. ENDORSEMENTS OF OTHER EMPLOYEE WITNESSES (if any)

SIGNATURES:

ENDOSOS DE OTROS EMPLEADOS TESTIGOS (si hay)

FIRMAS: 1. M. O'Neil

2. _____

3. _____

NOTE: Fold back Page 2 on dotted line before completing below.

DATE AND TIME: 10/11/23 10:31 AM NAME AND TITLE OF SERVER: C.O. King

FECHA Y HORA: 10/11/23 10:31 AM NOMBRE Y TÍTULO DEL QUE ENTREGA

You are hereby advised that no statement made by you in response to the charges or information derived therefrom may be used against you in a criminal proceeding. • Por este medio se le informa que no se puede usar ninguna declaración hecha por usted como respuesta al cargo o la información derivada de ella en una demanda criminal.

WRONGFUL PROCEEDINGS AGAINST PRISONERS NOTICE • AVISO

REVIEWING OFFICER (DETACH BELOW FOR VIOLATION HEARING ONLY)

False Misconduct Reports (SH)

You are hereby notified that the above report is a formal charge and will be considered and determined at a hearing to be held. • Por este medio se le notifica que el informe anterior es un cargo formal el cual se considerará y determinará en una audiencia a celebrarse.

The Incarcerated individual shall be permitted to call witnesses provided that so doing does not jeopardize institutional safety or correctional goals. • Se le permitirá al individuo encarcelado llamar testigos con tal de que al hacerlo no pondrá en peligro la seguridad de la Institución ni las metas del Departamento.

If restricted pending a hearing for this misbehavior report, you may write to the Deputy Superintendent for Security or their designee prior to the hearing to make a statement on the need for continued prehearing confinement. • Si está restringido pendiente a una audiencia por este informe de mal comportamiento, puede escribirle al Diputado del Superintendente para Seguridad o su representante antes de la audiencia para que haga una declaración acerca de la necesidad de continuar bajo confinamiento, previo a la audiencia.

Malik V Bezzo - assault staff violent conduct Interference Employee

McLean V Fischer - Prison inmate was guilty Assault Staff, possession weapon refusing violent conduct

Exhibit C

ELMIRA CORRECTIONAL FACILITY

P.O. BOX 500

Elmira, NY 14902-0500

FOIL

REQUEST

Attention ECF FOIL OFFICER:

Pursuant to Public Officers Law § 85-90, known as the "FREEDOM OF INFORMATION LAW", and 5 U.S.C. § known as the "FREEDOM OF INFORMATION ACT", I hereby request the following INFORMATION/DOCUMENT(S) from your office:

[write your request clearly and concisely below, add extra paper as needed]

I Am Requesting A Log book entry, Name of watch commander for Oct 7, 2023, Block OFFicer B-6-382 cell And supervisor And the CERT officers who Search on the Oct 7, 2023 Date. green haven correctional Facility, full body cam And B6 Footage of Oct 7, 2023, DV, voice box by 382-B6 Company ~~House~~ weight yard footage on west side b-block Oct 7, 2023 Around ~~8:15 Am~~ ~~7:30 Am to 8:30 Am~~ 7:30 Am to 8:30 Am

As you are aware, your office has (5) business days by law to respond to this request, and in the event any portion of this request is denied, you are obligated to advise the reasons for such denial, and to whom an administrative appeal may be made to, including the appropriate address. Upon notification of any applicable fees, I will remit accordingly, or if the requested material is advanced, I agree to pay reasonable fees as established under the FOIL/FOIA law. Please be advised, that if timely response is not made hereto (in accordance with the law), said lack of response will be construed to be a constructive denial of this request and litigation may ensue.

Sincerely

Exhibit D

To: Green Haven Corr. Facility
Department
594 Route 216
Stormville, NY
12582-0010

RE: "Freedom of Information Act" Request

INmate Name: Rommy Syllas

INmate DIN: 22R1594

Cell Location: G-06-09 Cell

Elmira Correctional Fac
Po. box 500
Elmira, NY 14902-0500

OCT 7 Incident

Date: 2-11-24

Please be advised that this request is a demand for DVD, documents, records
OF Records pertaining to DVD, documents, records, materials, Audio, body cam, B-Block camera
Pursuant to both State and Federal Freedom of Information Acts; As Amended
(5 U.S.C. Section 552) the Privacy Act (5 U.S.C. Section 552a) and McKinney's Public
Officer Law § 84-90 for Documents, Records and/or Material described hereafter
which are believed to be within your Agency's Record System. The undersigned request that
you make available to him/her a copy of the original documents, records and/or
Material within 10 business days, answering this demand for disclosure pursuant
Public Officers Law § 87.

The above named individual, having a personal interest in obtaining any and
all documents, records, and/or materials pertaining to DVD, documents, records,
materials, Audio, Body Camera Footage, B-Block 6 Company, 382 Cell #, B-Block Yard +
Request the following:

- 1) Any and all records pertaining to DVD, documents, records and/or material
Relating to Audio, body cam footage, B6-382 B-Block Camera Footage,
B-Block Hard Weight Area yard camera,
- 2) Any and all documents, records, materials, relating to
Body Cam Footage, B-Block 6 Company, 382 Cell #, B-Block yard weight
Area Camera, West Side of the Jail,
- 3) Any and all medical records pertaining to Medical records and documents
That are open for review as provided by law to be presented to
Enclosed, Please find the following documents MVA

If Any or parts of my Request of my denied, Please list the specific exemption(s) which (are) being claimed to withhold information.

If you determine that some portion(s) of the requested documents, records and/or material are exempt by Public Officers Law § 87(2)(b)(F)(g)(i)(i)(i)(i)(i) and (iv) and Public Officers Law § 89(2), I will expect, that you will provide me with the remaining nonexempt portions. If you deny any or all portions of this request I request that you provide the name and address where such appeal can be sent.

Please be further advised, that the above named prisoner is unable to afford the cost(s) of locating, copying and mailing of information requested herein as required in Public Officers Law § 67-a and request that any and all documents, records and/or materials sought herein be forward without cost of fees when release of the required information would be in the "public interest" of the parties involved. It is my belief that said documents, records, and/or material I am requesting fit into this category. I therefore request that no fees be charged for locating, copying and mailing the documents.

IF there are further questions regarding this request, please contact me at the above named facility.

As provided by the Freedom of Information Act please respond within (10) working days after receipt of this request.

Sworn to before this 16th day
of December, 2023

L.P.
Notary Public

Romy Sylas
Signature

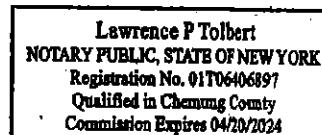


Exhibit E

Greenhaven
Greenhaven
Facility

My Cell B6-382 L B-Block Romy Syllas
DIN: 22R1594 8-1-24

(9) Dear: Grievance Green Haven CORR Facility

05T-2028-23 10/19/23

ASSAULT I, Romy Syllas was in my cell from Weds Oct 4, 23 up to Saturday Oct 7, cause we were lockdown at the facility because of Events of Inmate on Another Block Beat up a Officer in the cell for three Minutes with No Help And Inmates Fighting through out the jail And Here comes the (CERT team) search for those Reasons.

OCT 19 2023 AM 8:05

I wasnt apart none of those events, so why am I being Drafted on A Saturday night to (upstate corr facility).

I Romy Syllas was in my cell for the (CERT search) And they came on the Company (6) And they March to my cell then they stop by the last cell my cell was 3 cells to the last one It Reach to the cat walk gate so they came by my cell And they kept saying crack my cell because I Had A Candle lit And it Had A smell to it I put it out And the Officers was opening my cell he said get down before it open I was down And the Officers Repeatedly kick me, Punch me in my cell by my locker And they were screaming stop resisting I wasnt Resisting I was Damage And upset when they put me in the plexie CUFFS on me I Had my Hands in them Already they kept screaming stop resisting they were beating me up At that moment I was taken out my cell they told me to take off my sweatpants they forcefully took them off of me while I was in the plexie CUFFS While I was on the gallery on (6) Company in Green Haven I never Put my hand on No Officers they set me up cause my merit date is coming up they dont want me to go home I complete my programs There was a day the Area Sargeant was like to the other Officer that I'm going home And they bragged about it to other Officers I know this is Retaliation And when I went to the Box June 14 for the same thing Police lied on me And put the same charge that got dismiss And I got out to population within 14 Day later cause they lied. In that County the Dea dont want No Assault on Staff, Drug charge OR weapon charge because they know ~~the~~ the C.O's are bring these things

JS 44 (Rev. 11/04)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of indicating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS

Rony Syllas

(b) County of Residence of First Listed Plaintiff
(EXCEPT IN U.S. PLAINTIFF CASES) Chenung(c) Attorney's (Firm Name, Address, and Telephone Number)
Pro SeDEFENDANTS John Doe #1, John Doe #2,
John Doe #3, John Doe #4 and John Doe #5
County of Residence of First Listed Defendant
(IN U.S. PLAINTIFF CASES ONLY) ChenungNOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE
LAND INVOLVED.Attorneys (if Known) Letitia James, Attorney General
New York State - Attorney General The Capitol
Dept. of Law, Albany, NY 12247

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

1 U.S. Government Plaintiff 3 Federal Question (U.S. Government Not a Party)

2 U.S. Government Defendant 4 Diversify (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

Citizen of This State	PFT	DEF	PFT	DEF
<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business in This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business in Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TOPIC	PROPERTY/RIGHTS	PERSONAL INJURY	PERSONAL PROPERTY	EMPLOYMENT	CONTRACTS/SECURITIES	DISCRIMINATION	REGULATORY	OTHER SUBJECTS
<input type="checkbox"/> 110 Insurance	<input type="checkbox"/> PERSONAL INJURY	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 362 Personal Injury - Med. Malpractice	<input type="checkbox"/> 610 Agreements	<input type="checkbox"/> 422 Appeal 28 USC 1331	<input type="checkbox"/> 600 State Requirements	<input type="checkbox"/> 410 Antitrust	<input type="checkbox"/> 410 Antitrust	<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 120 Marine		<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 620 Other Prod. & Drug	<input type="checkbox"/> 423 Withdrawal 28 USC 137	<input type="checkbox"/> 430 Banks and Banking			
<input type="checkbox"/> 130 Miller Act		<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881	<input type="checkbox"/> 430 Liquor Laws	<input type="checkbox"/> 440 R.R. & Truck	<input type="checkbox"/> 450 Committee	<input type="checkbox"/> 450 Committee	<input type="checkbox"/> 450 Committee
<input type="checkbox"/> 140 Negotiable Instrument		<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 630 R.R. & Truck	<input type="checkbox"/> 450 Arbitration	<input type="checkbox"/> 460 Deposition			
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment		<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 371 Truth in Lending	<input type="checkbox"/> 650 Airline Regs.	<input type="checkbox"/> 470 Copyright	<input type="checkbox"/> 475 Nuclear Influence and Corrupt Organizations	<input type="checkbox"/> 475 Nuclear Influence and Corrupt Organizations	<input type="checkbox"/> 475 Nuclear Influence and Corrupt Organizations	<input type="checkbox"/> 475 Nuclear Influence and Corrupt Organizations
<input type="checkbox"/> 151 Medicare Act		<input type="checkbox"/> 345 Marine Product Liability	<input type="checkbox"/> 373 Truth in Leasing	<input type="checkbox"/> 660 Occupational Safety/Health	<input type="checkbox"/> 480 Copyright	<input type="checkbox"/> 480 Consumer Credit			
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans)		<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 690 Other	<input type="checkbox"/> 485 SSDI Title XVI	<input type="checkbox"/> 490 Cable/Sat TV			
<input type="checkbox"/> 153 Recovery of Overpayment of Veterans' Benefits - Smokeshield Status		<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 385 Property Damage - Product Liability	<input type="checkbox"/> 710 Fair Labor Standards Act	<input type="checkbox"/> 500 RIA (1955)	<input type="checkbox"/> 510 RIA (1955)	<input type="checkbox"/> 510 RIA (1955)	<input type="checkbox"/> 510 RIA (1955)	<input type="checkbox"/> 510 RIA (1955)
<input type="checkbox"/> 154 Other Contract		<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 390 Other Personal Property	<input type="checkbox"/> 720 Labor/Mgmt. Relations	<input type="checkbox"/> 520 Black Lung (923)	<input type="checkbox"/> 520 Black Lung (923)	<input type="checkbox"/> 520 Black Lung (923)	<input type="checkbox"/> 520 Black Lung (923)	<input type="checkbox"/> 520 Black Lung (923)
<input type="checkbox"/> 155 Contract Product Liability		<input type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act	<input type="checkbox"/> 530 DOL/CDWW (405(g))	<input type="checkbox"/> 530 DOL/CDWW (405(g))	<input type="checkbox"/> 530 DOL/CDWW (405(g))	<input type="checkbox"/> 530 DOL/CDWW (405(g))	<input type="checkbox"/> 530 DOL/CDWW (405(g))
<input type="checkbox"/> 156 Franchise			<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 740 Railway Labor Act	<input type="checkbox"/> 540 SSDI Title XVI	<input type="checkbox"/> 540 SSDI Title XVI	<input type="checkbox"/> 540 SSDI Title XVI	<input type="checkbox"/> 540 SSDI Title XVI	<input type="checkbox"/> 540 SSDI Title XVI
<input type="checkbox"/> 157 Land Condemnation			<input type="checkbox"/> 443 Housing/ Accommodations	<input type="checkbox"/> 750 Other Labor Litigation	<input type="checkbox"/> 550 Civil Rights	<input type="checkbox"/> 550 Civil Rights	<input type="checkbox"/> 550 Civil Rights	<input type="checkbox"/> 550 Civil Rights	<input type="checkbox"/> 550 Civil Rights
<input type="checkbox"/> 158 Foreclosure			<input type="checkbox"/> 444 Welfare	<input type="checkbox"/> 760 Other Labor Litigation	<input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 555 Prison Condition	<input type="checkbox"/> 555 Prison Condition
<input type="checkbox"/> 159 Rent Easement & Ejectment			<input type="checkbox"/> 445 Amer. w/Disabilities - Employment	<input type="checkbox"/> 770 Other Labor Litigation					
<input type="checkbox"/> 160 Torts to Land			<input type="checkbox"/> 446 Amer. w/Disabilities - Other	<input type="checkbox"/> 780 Other Labor Litigation					
<input type="checkbox"/> 161 Tort Product Liability			<input type="checkbox"/> 447 Other Civil Rights	<input type="checkbox"/> 790 Other Labor Litigation					
<input type="checkbox"/> 162 All Other Real Property			<input type="checkbox"/> 448 Other Civil Rights	<input type="checkbox"/> 800 Other Labor Litigation					

V. ORIGIN

(Place an "X" in One Box Only)

 1 Original Proceeding 2 Removed from State Court 3 Remanded from Appellate CourtReinstated or
ReopenedTransferred from
another district
(specify) SDNYMultiparite
LitigationAppeal to District
Judge from
Magistrate
Judgment

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless necessary)

8th AMENDMENT - CIVIL AND UNUSUAL PUNISHMENT / 4th - DUE PROCESS
BRIEF DESCRIPTION OF CAUSE: EXCESSIVE FORCE, FAILURE TO PROTECT AND SUPERVISE, LIABILITY

VII. REQUESTED IN COMPLAINT:

 CHECK IF THIS IS A CLASS ACTION
UNDER F.R.C.P. 23

DEMAND \$2,000,000.00

CHECK YES only if demanded in complaint

JURY DEMAND: Yes No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

JAN 26 2024
FOR OFFICE USE ONLY
SIGNATURE OF ATTORNEY OF RECORD

RECEIPT #

AMOUNT

APPLYING IFFP

JUDGE

MAG. JUDGE

US POSITAGEL 5002
02/14/2024

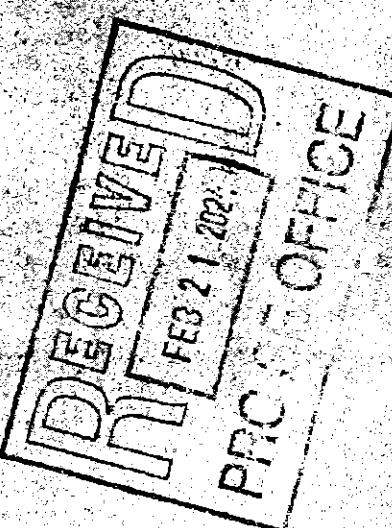
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Elmira

Client Facility

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